

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

Dist. 318
44448

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township *Springfield* Primary Registration District No. *2001*
City *Springfield* (No. *10229* in grant) St. _____ Ward _____

File No. _____
Registered No. *1078*

2. FULL NAME

(a) Residence, No. *1029 No. Grant* St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 30 1898*
7. AGE YEARS *37* MONTHS *11* DAYS *25* If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 25*, 19*36*
22. I HEREBY CERTIFY, that I attended deceased from *Aug 9* 19*36* to *Dec 25* 19*36*
I last saw h. _____ alive on *Dec 25* 19*36* at *8:50 am*. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as *carriage* sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Causes of illness
Primary
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marionville Mo*

13. NAME *Wm Benson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marionville Mo*

15. MAIDEN NAME *Sally Woltuberg*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Mo*

17. INFORMANT (ADDRESS) *Springfield Mo*

18. BURIAL, CREMATION, OR REMOVAL *Marionville* DATE *Dec 27 36*

19. UNDERTAKER (ADDRESS) *Springfield Mo*

20. FILED *Dec 27 1936* *Chas A George* Registrar

Name of operation *W/O* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) *F. P. Heister*, M. D.
(Address) *Marionville Mo*

